## TOWN OF STRAFFORD

INCORPORATED 1820

TELEPHONE 603-664-2192 FAX 603-664-7276

ORIGINAL - Building Inspector

## **N**EW **H**AMPSHIRE

12 MOUNTAIN VIEW DRIVE STRAFFORD, N.H. 03815

## **APPLICATION FOR A PERMIT TO BUILD**

Мар	Lot	Lot Size	Lot Size		Permit #	
Owner's Name	wner's Name		Home	Business	Business	
Mailing Address				Cell Phon	e	
Location of Construction _						
Permit Type: Renewal						
Replacement	Additior	n	Other _			
Building Type: House	Type of Const	ruction (Stick, Log, No	. of Floors)			
How many baths: Full	1/2	3/4	How many bedro	ooms		
Type of central heat:	Oil Gas	Hot Air _	Hot Wa	Hot Water Other		
Shed Barn	Garage	Breezeway	Deck	Dock	Porch	
Plumbing	Mobile Home Modular Duplex Commercial Other Electrical Heating					
Name and phone of contra						
Plumber				Lic. #		
Electrician						
Septic Installer		Phone		_ Lic. #		
Mason		Phone		_ Lic. #		
Heating Contractor		Phone		_ Lic. #		
Draw sketch which must be lines, distance to any abutt Book of Building Regulation	er's buildings and all wet ns available for purchase	tlands and septic setbate at the Town Office.	acks. A certified p	lot plan may be require	d.	
THE UNDERSIGNED HEF INFORMATION AND WITH CONFORM WITH THE BU	THE PLANS AND SPE	CIFICATIONS SUBMI	TTED: AND THA	THE WORK CONNEC	WITH THE FOREGOING CTED THEREWITH SHALL	
(owner) WILL NOTIFY THE BUILDI kind and Occupancy Permi						
COST OF CONSTRUCTI	ON \$	The receipt of \$		is hereby acknowledge	d for a permit to build.	
	חווו ר	NING INSPECTOR			DATE	

YELLOW - Applicant

PINK - Assessor